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## PSYCHOSOMATIC MEDICINE AND THE GENERAL PHYSICIAN\*

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It is generally acknowledged by the average physician that about one-third of the patients who consult him have no definite bodily disease to account for their illness. Recently, I have studied 20 consecutive private patients classifying them as follows: (1) those in whom the illness seemed to depend entirely on emotional problems; (2) those in whom the illness seemed in part dependent on emotional problems; and (3) those in whom an emotional problem did not seem to enter into the cause of the illness. Thirty-five per cent were placed in the first group, 35 per cent in the second, and 30 in the last.

How does the physician of today deal with these patients? How are they studied and how are they treated? It is the purpose of this paper to discuss these questions briefly.

Quite commonly such patients are told that there is no evidence of organic disease, that the trouble is "functional", and they are dismissed without further attention, only to land eventually in the care of some irregular practitioner or quack healer. Worse than that, the physician sometimes takes the attitude that the illness is imaginary, or that the patient is malingering; or he may assume that in some vague way the patient is deliberately responsible for the illness, refers to him as a "damn neurotic", and gives him the kind of care that must necessarily go with such a characterization. The patient may also be told that the physician does not think anything is the matter, but suspicion is cast upon some organ or system which needs watching and care. This happens very frequently with regard to the symptom of fatigue and the suspicion of pulmonary tuberculosis, and often results in a state of chronic invalidism.

Lastly, following thorough study by means of medical history, physical examination, and laboratory investigation, some pathologic curiosity\* may be discovered which really has nothing to do with the illness. The patient is then treated as though organically diseased and is submitted to unnecessary medical or surgical treatment which, in many instances, intensifies the neurotic condition.

### EMOTIONAL PROBLEMS

What is the matter with these patients and how should they be treated? They are suffering from disturbances in their emotional lives; that is, the illness is of psychologic origin and can be satisfactorily studied and treated only from the psychologic standpoint. The ill health arises from long-standing dissatisfactions in the business, social, or home life of the individual. This failure of adjustment to environment is manifested by a disturbance in some part of the personality, either as bodily symptoms of various kinds, capable of mimicking almost any disease, or as affections of the spirit resulting in attacks of anxiety, obsessions, phobias, depression and other disturbances of mood.

Why is it that so many physicians are unwilling to admit the psychologic basis for such illnesses, or if they do grudgingly concede that "a nervous factor is present," believe it to be of secondary importance and probably the result of physical disease? In discussing a case of this kind they are apt to say, "but there must be something the matter", meaning that there must be a physical basis for the illness and that if they are just thorough enough in their investigations "something" will be found. However, long-time follow-up studies on such patients fail to indicate that organic disease develops in any significant number; even when it does, we must not forget that a neurotic patient may develop an

\*Read before the New Castle County Medical Society, Wilmington, Jan. 21, 1941.

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\*By "pathologic curiosity" is meant some congenital or acquired lesion that has no significance from the standpoint of health. Slight deviations of the nasal septum and calcified primary tuberculosis lesions in the lung are examples.

organic disease that is unrelated to his neurosis, just as he similarly runs a chance of getting hit by a motor car.

Every physician freely acknowledges the relation of psychic causes to such physiologic phenomena as blushing, weeping, goose flesh, and even on occasions to vomiting, diarrhea, etc.; but many, nevertheless, find it difficult to believe that more prolonged (chronic) disturbances of a physiologic nature can possibly be psychogenic in origin. This is due to the structural and physiologic training of modern medicine and came about in the following fashion.

#### THE ORGANIC TRADITION IN MEDICINE

The physician of ancient times was concerned with the spiritual basis of illness, but the structural concept introduced by Virchow led to the separation of illness from the psyche of man and a consideration of disease as only a disorder of organs and cells. With this separation of disease into many different ailments came the development of specialists to attend to all of these distinct diseases. With the specialists came the introduction of instruments of precision, and the mechanization of medicine began. Medicine now contented itself with the study of the organisms as a physiologic mechanism, impressed by blood chemistry, electrocardiography, etc., but unimpressed and, indeed, often holding in contempt the investigation of the life situation of the individual, which was not considered as scientific as the results of laboratory studies. This period may in truth be referred to as the machine age in medicine. It is not to be denied that remarkable developments have occurred during this period of laboratory ascendancy, but it also must be admitted that the emotional side of illness has been almost entirely neglected.

As a consequence of this structural and physiologic tradition in medicine and lack of training in medical psychology, a great many physicians pride themselves upon their unwillingness to concede the absence of physical disease when dealing with an obscure illness. This failure to recognize neurosis and treatment of the patient as organically diseased happens most frequently, as already suggested, because modern clinical medicine attempts to establish the diagnosis of a functional dis-

order by *ruling out* organic disease through medical history, physical examination, and laboratory investigation. The point that I particularly wish to make is that the diagnosis of functional illness must be established not simply by exclusion of organic disease but on its own characteristics as well. In other words, *neurosis has its own distinctive features, to be discovered only by a study of the emotional life*. Only in this way can serious errors in diagnosis and treatment be avoided. If this statement is admitted, it must naturally follow that personality study is just as important in the problem of chronic illness as laboratory investigation.

#### PSYCHOSOMATIC STUDY IN CHRONIC ILLNESS

Now the question is—how do we proceed with this kind of a study? For general purposes it may be stated that in addition to the physical study it consists in simply getting to know the patient as a human being rather than only as a medical case. Too often, as already stated, the patient is looked upon only as a physiologic mechanism and is studied by means of medical history and physical examinations, aided by “instruments of precision” and chemical tests. Tape measures and test tubes carry the erroneous notion of exactness and thoroughness—erroneous because the emotional life of the individual, which may hold the key to the solution of the problem, is not investigated or, at least, inadequately so.

In regard to the latter point, too many physicians feel that they have done their duty to the study of the emotional life if they ask the patient if he is worried about anything and receive a negative reply. They are the same physicians who are apt to remark about a patient “but he doesn’t look neurotic”, perhaps believing that such a patient should by his general apprehension or by evidences of physical nervousness betray the fact that he is not neurotic. Unfortunately, most neurotics do not betray any neurosis in their appearance, nor is the approach to their emotional problem so simple that the direct question “Are you worried about anything?” will produce information of importance. Probably the best way to deal with these patients is first to satisfy ourselves and establish their

confidence by a thorough medical history,\* physical examination, and such laboratory tests as are necessary to exclude organic disease. Having assured the patient that no physical disease is present, it is usually easy, by mean of examples of psychic cause for such physiologic disturbances as blushing, goose flesh, palpitation, diarrheah, etc., to make the patient understand that a disturbance in his emotional life may be responsible for the symptoms. Then important clues to this disturbance can usually be found by encouraging a discussion of problems centering around vocational, religious, marital, and parent-child relationships. This is usually best accomplished indirectly rather than by direct questions. In the case of adults, domestic problems and professional and business relationships play a large part in functional illness. In young unmarried people, family relationships, the choice of a career, and often religious and sexual problems are important topics for discussion.

More important, however, than the actual life situation is the capacity of the patient to react to that life situation. In other words, besides excluding organic disease and besides the effort to tie up the occurrence of an unpleasant episode and the beginning of the illness from the standpoint of a time relationship, it is of the greatest importance to know the patient's ability to adjust to such situations, his pattern of reaching to them, the degree of anxiety in his make-up, the nature and seriousness of his conflicts. Personality study is necessary if we are to establish a specific relationship of the psychic situation to the personality of the individual. Just as the typhoid bacillus is specific for typhoid fever, depending of course upon the susceptibility of the individual, so the psychic event must be specific for the personality structure of the person. To make such studies one must have some training in psychopathology. When psychopathology is given an equal place with tissue pathology in our medical curriculum and is as well taught we will finally realize that psychotherapy is an integral part of our medical discipline.

\* Routine medical histories must contain more data concerning the social and psychologic background of the patient.

#### ORGAN LANGUAGE

I often tell my patients that if they cannot find an outlet for tension of emotional origin by word or action, the body will find a means of expressing this tension through a kind of "organ language". For example, if a patient cannot swallow satisfactorily and no organic cause can be found, it may mean that there is something in the life situation of the patient that he "cannot swallow". Nausea in the absence of organic disease sometimes means that the patient "cannot stomach" this or that environmental factor. Frequently a feeling of chest oppression accompanied by sighing respirations, again in the absence of organic findings, indicates that the patient has a "load on his chest" that he would like to get rid of by talking about his problems. I would like to give more examples and cite illustrative cases, but time does not permit. But this kind of explanation does apply very widely to a great variety of symptoms and often appeals to the patient as a common-sense approach to the emotional factor in illness. Again and again it has permitted me to understand something about the life situation of the patient.

#### SEXUAL FACTORS

This is too large a subject to cover in a short paper, but one point of special importance does deserve consideration and that is the relation of sexuality to neurosis. Ever since the introduction of the epoch-making studies of Freud to the problems of neurosis, medicine has misunderstood his conception of sexuality. He has often been quoted to the effect that disturbances in genital activity are the sole cause of the neuroses. This is quite far from the truth. It is rather that difficulty in the sexual sphere appears as a revealing index to a neurotic personality and can be looked upon in that light. In other words, in much the same manner that urea retention serves as an index to an impending uremia so do disturbances in the sexual life of the individual, such as varying degrees of frigidity in the female and varying degrees of impotence in the male, serve as a reliable index to the kind of a personality that is very liable to develop a neurosis.

Many physicians will ask: "Well, suppose you do find something of importance in the



emotional life of the patient, some conflict that is causing illness, what can you do about it? What good does it do the patient to know?" First of all, it is often a great help to the patient to know that the ailment is not organic in origin but is due to a disturbance in his emotional life. It gives him a great deal of reassurance and is the first step in the right direction. Second, such knowledge and such an approach will frequently save the patient unnecessary, troublesome, and expensive medical or surgical treatment, with a resulting further degree of invalidism. Often just the talking out of the problem with the physician will alleviate symptoms, and frequently some simple adjustment will accomplish real help. This caution must be sounded, however—it is a good rule for the physician to listen rather than to talk; giving advice on important emotional matters is dangerous. For just as there is major and minor surgery, so there exist major and minor forms of psychotherapy, and while the average physician should not attempt major forms of psychotherapy, he must be able to recognize the severe neuroses so that he may refer them elsewhere for treatment. He should be able to deal with the similar neuroses, not only for the purpose of helping such patients in a positive way, but also to save them from unnecessary medical and surgical treatment and exploitation by quacks and irregular practitioners.

### OSTEOMALACIA

HENRY G. HADLEY, M. D.,  
Washington, D. C.

This is a condition characterized by pain, muscular spasm, decalcification of bones, and the formation of bends, deformities or fractures. It affects women more frequently than men and is more common in Asiatic countries where the diet is deficient in mineral salts and vitamin D. It was common, following the World War in Europe,<sup>1</sup> especially where green vegetables were insufficiently used. It is often found in China and India where there is a cereal diet combined with indoor life. The Purdah custom of India demands life within doors so that there is deprivation of the sun's calcifying powers.

This is a process similar to that of rickets

and is a disturbance of calcium metabolism from abnormal function of the parathyroids and lack of vitamin nourishment. A low intake of calcium and phosphorus, increases the susceptibility.<sup>2</sup> The calcium balance is negative and the blood calcium is reduced, while the phosphorus balance is usually normal.

Finzi<sup>3</sup> found changes in the parenchymal and endocrine organs and Jentzer<sup>4</sup> treated a non puerperal case by ovariectomy. Carnot<sup>5</sup> reported a case following a parathyroid adenoma, and Froehner<sup>6</sup> a case following sprue. Fehling<sup>7</sup> advanced the hypothesis that the ovarian internal secretion causes an osseous hyperemia and a reabsorption of calcium. Stoeltzner considered it due to adrenal insufficiency. Pepere<sup>8</sup> distinguishes osteomalacia autentica pura from osteomalacia secondary to marasmus, inanition, rhacitis, and tumor infiltration.

Pathological changes are those of adult rickets. This occurs after the growth period, with prolonged lactation<sup>9</sup> and the abuse of laxatives<sup>10</sup> as predisposing factors. Celiac disease,<sup>11</sup> acidosis,<sup>5</sup> tetany and pluriglandular insufficiency<sup>12</sup> are found to be associated. Kleine<sup>13</sup> found the puerperal osteomalacia and and fatigue of soldiers were similar in pathogenesis and he believed both were due to a polyhypovitaminosis.

Bones are always in the process of transformation<sup>14</sup> so that they may become soft in a varying degree, depending on the amount of deficiency in mineral constituents. Both compact and cancellous tissue are reduced. The most common portions of the skeleton affected are the pelvis, the chest and spines, and the long bones. There is a telescoping at the umbilical pelvic levels. There is often a reduction in the standing heights and a pronounced bow leg deformity.

The symptoms are pain or a dull ache in the lumbar area which may cause the patient to feel paralyzed. There is a characteristic gait with the chest inclined forward, short shuffling steps with the legs bent at the knee. X-ray examination shows a lessening of the longitudinal striation, decalcification of the pelvic bones and thoracic and lumbar vertebrae, collapse of the pelvis, flaring of the ilia, and general coarseness of the trabecular pat-



tern. Decalcification is from the normal of about 65 per cent down to 30 per cent or even less, and is sometimes as low as 2 per cent. There is rarefaction of the decalcified bone.

#### CASE REPORT

Mrs. M. R. M., aged 79, was first seen March 28, 1940, her chief complaint being weakness and pain in the legs. Examination showed marked shortening of the body in the areas of the lumbar spine, pelvis and thighs. There was outward bowing of both tibia and the x-ray examination showed extensive decalcification. A study of the patient resulted in the diagnosis of osteomalacia from dietetic origin.

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#### NEW MEDICAL CONTROL OF INDUSTRIAL HEALTH HAZARDS

Based on their contention that the first signs of exposure to toxic or poisonous chemicals are definite changes in pulse rate and in blood pressure, John H. Foulger, M. D., and Allan J. Fleming, M. D., Wilmington, Del., report in *The Journal of the American Medical Association* for September 6 a new method for medical control of industrial health whereby the earliest signs of exposure to various chemical compounds are detected by means of blood pressure measurements re-

corded regularly on special charts designed by them.

"Modern total warfare in Europe and national defense in the Americas," the two men say, "make health and efficiency as important for civilians as for the fighting forces. The vast scale of defense preparations is adding to the difficulty of maintaining this health. Companies hitherto working on a relatively small scale are expanding to fulfill war contracts and are handling materials new to them. Inexperienced workers are being employed. Perhaps of most importance, physicians with little or no experience in industrial toxicology [the sum of what is known regarding poisons] are suddenly made responsible for the care of thousands of workers.

"Satisfactory prevention of injury from exposure to toxic chemicals cannot be based on knowledge of the clinical pathologic [disease] changes in cases of actual poisoning. Some prevention can be efficient only if knowledge is available on the first detectable changes in physiology that follow exposure to such concentrations of chemicals as, if exposure were continued, might cause ill health. This type of knowledge becomes of more importance if it is realized that, day by day, new materials of unknown activity are being used. The combined facilities of all toxicology laboratories of the country are not sufficient to investigate quickly all these new potential hazards.

"Our experience has, we think, definitely shown that the first effects of exposure to toxic substances, which when absorbed by any route can have systematic (as opposed to purely local) effects, are substantially the same no matter what the chemical structure of the material. This scheme is essentially one of medical control, not of chemical or engineering control. We would emphasize this point because there is a growing tendency to rely on air analyses and on so-called safe levels of atmospheric concentrations of gases, vapors, fumes or dusts. This tendency overlooks the fundamental fact that, apart from the economic aspect of loss of valuable material (an aspect which is not of medical concern), the actual concentration of toxic substances in the atmosphere of workrooms is of

no importance if the health of the worker is not impaired. Obviously the extent to which workers are affected cannot be made known by studying the air. We are concerned with whether the worker is sick and not whether the air is sick. . . .

"We do not wish, however, to imply that analysis of the air is of no value in preventive medicine. It is highly important in determining the mechanical efficiency of operating equipment and ventilating systems. . . ."

The authors say that their experience over the last four years has shown that the first effects of exposure to toxic chemicals consist of a few simple symptoms and certain definite signs, which are the same in exposures of many kinds. The symptoms are: easiness of fatigue, headache, gastroenteric disturbance (nausea, loss of appetite, a feeling of fullness of the stomach, gas on the stomach and pain in the upper middle portion of the abdomen over or in front of the stomach), dizziness, pain in the region over the heart or stomach, pain or tingling in the extremities and labored breathing on slight exertion. They point out that all of these symptoms are not present in all cases but that they are, at first, indications of functional disturbance only and not of organic injury. Easiness of fatigue is probably the most universal and usually the first symptom to appear, the two men say.

Changes in diastolic (at the dilation or expansion stage of the heart) blood pressure are the most important signs of first exposure to toxic chemicals, the two physicians contend. Because blood pressure can be measured by standard procedure and recorded numerically with a fair degree of accuracy, they say that the records herefore are susceptible of mathematical analysis.

"For this reason," the authors say, "our scheme is based on blood pressure measurements. This has an advantage which is not obvious at first to those not acquainted with industrial medicine. The efficiency of any scheme for medical control of health in industry depends on the frequency with which the physician can examine each individual worker. But each examination requires that the worker leave his work. Examinations,

therefore, must be simple and not time consuming. . . . Experience shows that an examination which consists of the recording of the few symptoms outlined and of blood pressure readings occupies only about ten to fifteen minutes. It can be, and is being, used as a routine at intervals of one, two or three weeks. . . ."

Under their method when a worker is found whose blood pressure score on the chart is below the figure established by them as safe, an investigation is immediately launched to ascertain whether other men working at the same part of the plant in the same occupation show such an abnormal score, either on the same day or on a day or two before. If other examinations give abnormal results, then the immediate probability is that the condition is due to a chemical exposure and inquiry should be made as to the efficiency of protective equipment, the load of production on the men or the manner in which they are doing their work. Various other investigations may be conducted along indicated lines in an endeavor to ascertain the cause of the abnormal reading. They say that a single abnormal examination should be taken as an indication that it is wise to reexamine that worker within a few days to decide on his status.

"These abnormal scores are warnings of functional disturbance due to disease or to exposure to toxic chemicals," they say. "If the warning is unheeded, organic disturbance may develop. If the warning is heeded, a change in occupation or improved conditions of work, improved diet, more rest after working hours and so forth, can, in the majority of cases, remove the functional disturbance and restore the man to complete normality."

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#### Modern Love Song

Oh lady fair of form divine  
Pray won't you be my vitamine?  
B1 with me, my love, and C  
How life one long D-light can B.  
E-nough! A preacher let us find.  
Oh G! I'll be so good and kind.  
And ere our time to cross the styx,  
Perhaps we'll B4, 5 or 6!

—ANON.

# EDITORIAL

## DELAWARE STATE MEDICAL JOURNAL

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### THE NEW DISEASE

American physicians must prepare to cope with a new disease. It is becoming generally prevalent and may reach epidemic proportions and severity. It is contagious, and attacks all without discrimination, including those who fill the ranks of the trades and the professions.

By virtue of their training, their ethics, the nature and the demands of their profession, doctors are especially susceptible to the contagion. Until it is better named, the new disease can be called "war fever". The future effectiveness of American medicine and the future status of the American doctor will be determined by the extent to which individual physicians are successful in immunizing themselves against the hysteria which is a

symptom of and which always accompanies the disease.

The world is at war. One hundred and thirty million Americans are very much a part of this world. It is a wholly new kind of war. In times past, material advantage and territorial gains provided the incentive for wars of aggression. This is a war of ideological conquest. Material advantages and territorial gains are merely incidental to the larger purpose. It is an all-out warfare, spending lives and treasure on a scale never before contemplated or even imagined by man.

In the present situation there are too many uncertainties to enable either the wisest or the best informed reasonably to predict the extent to which it may be necessary to sacrifice the lives and material resources of this country in order to win this war. It is a known fact—and it should be faced—that we are in the process of mobilizing all of our energies and utilizing all of our resources for the accomplishment of this purpose.

It is almost needless to say that no group will be called upon to make a greater contribution than will be expected from the medical profession. It is needless to say that this contribution will be gladly, cheerfully made by American physicians. American doctors do not expect any special credit for the important service they are rendering or will be called upon to render. Their tradition, their training, their experience make this attitude inevitable. Many are already enlisted for the duration. The rest will be ready when called.

However, the greatest national danger lies in the possibility of these doctors becoming victims of the "new disease". On them rests a new and most vital responsibility. It is of the utmost importance that these physicians ever keep in mind that the war itself is one of ideologies; that our first obligation and most difficult task is to preserve the priceless heritage of the American people that has set them over and above and apart from all the other people in the world. It is desirable to

(Concluded on page 197)



## MEDICAL SOCIETY OF DELAWARE

### 152nd Annual Session Delaware Academy of Medicine

TUESDAY, OCTOBER 7, 1941

- 9:30 A. M.—Meeting of the House of Delegates.
- 11:30 A. M. to 1:00 P. M.—Clinics at the various hospitals:  
 Delaware—Fractures.  
 Memorial—Chest clinic (Medical, Surgical, X-ray, Bronchoscopic), and Blood Bank.  
 St. Francis—Report of Pneumonia Treated with Sulpha Drugs.  
 Wilmington General—Obstetric Analgesia.
- 1:30 P. M.—Luncheon, by New Castle County Medical Society, at the Academy.
- 2:30 P. M.—Opening of the Session  
 Invocation—Rev. J. H. Darling, pastor of Hanover Presbyterian Church.  
 Address of Welcome—Hon. Albert W. James, Mayor of Wilmington.
- 2:45 P. M.—Report of House of Delegates.
- 3:00 P. M.—President's Address.  
 Emil R. Mayerberg, M. D., Wilmington.
- 3:15 P. M.—Some Aspects of Eye Muscle Problems (Illustrated).  
 Norman L. Cutler, M. D., Wilmington.
- 3:55 P. M.—Significance of Hematuria.  
 Willard H. Kinney, M. D., Philadelphia.
- 4:35 P. M.—Littre's Umbilical Hernia—A Case Report (Illustrated)  
 W. Edwin Bird, M. D., Wilmington.
- 7:30 P. M.—Smoker, at the Shrine Club.

WEDNESDAY, OCTOBER 8, 1941

- 10:00 A. M.—Treatment of Convulsions (Illustrated)  
 Kenneth M. Corrin, M. D., Wilmington.
- 10:40 A. M.—Studies in Measles.  
 Joseph Stokes, Jr., M. D., Philadelphia.
- 11:30 A. M.—Discussion of the Transfusion of Whole Blood, Plasma, and Serum.  
 Harold W. Jones, M. D., Philadelphia.
- 12:00 Noon—Analysis of the Clinical Data of 47 Proven Cases of Carcinoma of the Pancreas.  
 Lawrence J. Rigney, M. D., Wilmington.
- 12:45 P. M.—Election of the President.
- 1:00 P. M.—Luncheon, by New Castle County Medical Society, at the Academy.
- 2:00 P. M.—Diphtheria & Intradermal Scarlet Fever Immunization.  
 George J. Boines, M. D., Wilmington.
- 2:30 P. M.—Treatment of Compound Fractures.  
 Adolph A. Walkling, M. D., Philadelphia.
- 3:15 P. M.—Precancerous Lesions of the Uterine Cervix  
 Margaret C. Sturgis, M. D., Philadelphia.

4:30 P. M.—President's Reception,  
 1107 Brandon Lane, Westover Hills.

7:30 P. M.—Banquet—Hotel Du Pont,  
 Gold Ballroom.

Toastmaster—Victor D. Washburn, M. D.,  
 Wilmington.

Guest Speaker—Col. Leonard G. Rowntree,  
 M. D., Philadelphia.

### Woman's Auxiliary Wilmington Country Club

WEDNESDAY, OCTOBER 8, 1941

12:30 P. M.—Luncheon

2:00 P. M.—Annual Meeting.  
 Prayer.

Greetings from the Advisory Committee,  
 Medical Society of Delaware.

#### REPORTS OF OFFICERS

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 Revisions ..... Mrs. Ira Burns  
 Sewing ..... Mrs. Dana Burch  
 Publicity ..... Mrs. A. M. Gehret

Unfinished Business  
 Election of Officers  
 GUEST SPEAKER  
 (to be announced)

4:30 P. M.—Reception at the Home of  
 Dr. and Mrs. Emil R. Mayerberg.

7:30 P. M.—Banquet, Hotel Du Pont,  
 Gold Ballroom.

## REPORTS OF OFFICERS AND COMMITTEES

### 1—Report of the President

#### *Members of the House of Delegates:*

At the last annual meeting of the House of Delegates a new plan was adopted whereby the reports of the officers and chairmen of committees were to be placed in the hands of the secretary by the first of August of each year, and he in turn was ordered to deliver the reports to the editor of the Delaware State Medical Journal for publication prior to our Annual Session. The plan is being carried out this year. It has many good features. It saves time, and removes the necessity of a meeting of the House of Delegates the night before the general session of the Society, as has been the custom for many years. It gives each member of the House of Delegates and the individual members of the organization an opportunity to look over the reports carefully so that when they are finally presented for adoption he will be able to discuss, amend, object or vote intelligently. If all chairmen fulfill their duties, the business of the House of Delegates will take but little time on the opening day of the convention.

At the last convention a motion was adopted permitting the officers to employ an attorney and other persons, of their choosing, to look after our interests in the legislative halls during the 1941 session of the Legislature. We were authorized to spend not more than four hundred dollars. Early in January of this year at a special meeting of the officers, Mr. William Story of Dover was selected as the attorney, and Mr. Leon Stein, and Mr. Fred Reybold as special representatives. We set Mr. Story's fee at \$200.00 and each of the others at \$100.00. Following events proved the wisdom of our choice. Mr. Story worked untiringly for us, and gave us valuable advice and suggestions throughout the legislative period, and Mr. Stein and Mr. Reybold were on the job constantly for us. They kept in close touch with the Legislative Committee and with the officers, keeping us informed so that we knew pretty well what was going on most of the time.

No doubt the legislative committee report will contain full details about the bills that we were interested in and what final action was taken on them. It is not within my province to discuss these bills too fully, but I do think that I have the right to express an opinion just as any member of this organization has the same right. I do not consider our legislative year a successful one by any means. It was not due to the fact that the Legislative Committee did not work diligently, because I know for a fact that it did. Special mention should be made of the fine work done by Dr. Joseph S. McDaniel of Dover, who is a member of that committee. No one could have done more than he did for us, and I want him to know that his efforts are greatly appreciated.

Some of you probably wonder what happened to our own premarital bill. We had some difficulty in getting it out of committee because it seemed that all the quacks had amendments to stick on it. Finally, it was reported out on its merits in the Senate, with an amendment permitting "any physician licensed by the Medical Council" to issue the health certificate, and was passed. It reached the House during the closing days, when chaos reigned, and hundreds of bills were being presented and rushed through. One night, late, another amendment permitting "any

physician" to issue the health certificate, was presented by the osteopaths and chiropractors and was passed by the House, and then the bill as amended was passed. It was sent back to the Senate, and after talking to the members of our Legislative Committee, our attorney, and to the Lieutenant-Governor, Dr. J. J. McCollum, the Senate decided not to pass the new amendment, and sent it back to the House, where a motion was made to rescind the last amendment, but instead of doing that they killed the whole bill.

My own personal opinion is, that the House amendment, giving any physician the right to issue the health certificate, was without special meaning. I do not see by the farthest stretch of the imagination how the chiropractor can be classed as a physician, and it was foolish to kill such a valuable piece of legislation because of the fact that others outside of the medical profession offered a more or less innocent amendment. I will say, however, that I believe the members of our committee acted as they thought in our best interest, and I, for one, commend them for it.

We did well to block the osteopathic bill, seeking to place an osteopath on the Medical Council. It came near to passing the House and was defeated by one vote only.

It seems to me the sooner we cut loose from the osteopaths the better off we will be. There is no reason why they should be under the jurisdiction of the Medical Council. They never should have been permitted to operate under the medical laws of the state. It still is not too late to have a law passed giving them their own board, and severing completely any connection with the Medical Council. I recommend that the next legislative committee take such a plan under advisement.

At a special meeting of the House of Delegates a bill for \$250.00 from the law firm of Richards, Layton and Finger for services rendered in 1932 was presented. Members were present who knew all of the circumstances, and all agreed that it was a legitimate bill, although excessive, and all agreed that it should be paid. After some discussion it was decided to have the officers confer with the law firm for an adjustment of the fee, and they were given the power to settle the matter.

Dr. Munson and I had a conference with Mr. Robert Richards, and he agreed to settle the bill for \$100.00. We thought that was fair enough, and Dr. Heck sent him a check for that amount and the matter was closed.

Your Program Committee has worked hard and has developed a fine program for the coming session of the Medical Society of Delaware. There will be clinics in all of the Wilmington hospitals part of one day, and there will be a number of fine papers presented on a great variety of subjects by noted physicians. It is to be hoped that the membership will give loyal support to the organization by attending the clinics and the scientific meetings.

I cannot close my report without special praise for our splendid secretary, Dr. C. L. Munson. It has been a joy to work with him. He doesn't let any grass grow under his big feet. When there is anything to be done, he does it promptly and with very little fuss or inconvenience to anyone. He usually starts during the winter months developing his plans for the October convention, and by June he has all speakers signed up and all plans for entertainment worked out to the last detail. The Medical Society of Delaware did a smart thing in electing Dr. Munson secretary for

six years, and I am inclined to believe that he will serve several six-year periods.

I, personally want to thank him, and all of you, for the many courtesies you have shown me this year, and for your loyal support of the organization. Nothing can block the real progress of a society when it has such men and women in it as we have in ours.

Respectfully submitted,  
EMIL R. MAYERBERG, *President*

## 2—Report of the Secretary

The work of the Secretary was concerned with the usual correspondence with the American Medical Association, with particular reference to medical preparedness. Because of the present emergency and the necessity of meetings in Chicago of men concerned with medical preparedness, the annual meetings of secretaries and editors, usually held in November, was not held in 1940, but will be held again this year.

There has been only one meeting of the House of Delegates. From the minutes of that meeting, there are several important developments that deserve mention. The House at that meeting increased the assessment to members of the county societies from \$5.00 to \$6.00 for the year 1941 and decreased the price of THE JOURNAL to each member, from \$2.00 to \$1.00, for the year 1941. These two changes, with the temporary stopping of deposits to the Defense Fund for the year 1941, allowed the Treasurer of the Society an additional \$3.00 per member to meet current expenses. I would like to recommend that these three changes be continued for another year at least, so that our treasury may have sufficient balance to carry on our usual activities without special assessments.

Respectfully submitted,  
C. LEITH MUNSON, *Secretary*

## 3—Report of the Treasurer

### GENERAL FUND

September 9, 1940—Balance forwarded \$ 291.76

### RECEIPTS

Dues, New Castle County (198  
full—6 partial) .....\$1115.50  
Dues, Kent County (25) ..... 150.00  
Dues, Sussex County (35) ... 210.00  
Exhibit Space ..... 100.00  
Dividends: Bank Stock ..... 84.00  
Assessment for banquet ..... 164.00

Total ..... \$1823.50

Total ..... \$2115.26

### DISBURSEMENTS

Subscription to Journal .....\$ 484.00  
Medical Stenographer ..... 169.45  
Secretary's Expenses ..... 57.28  
Treasurer's Expenses 1939,  
1940, 1941 ..... 3.00  
Printing ..... 72.25  
Legislative Committee ..... 400.00  
Annual Session ..... 250.58

1436.56

August 1, 1941—Balance on hand ..... \$ 678.70

### DEFENSE FUND

September 9, 1940—Balance on hand .. \$5153.53

### RECEIPTS

Interest on Deposits ..... 180.47  
\$334.00

## DISBURSEMENTS

Robert Richards ..... 100.00

August 1, 1941—Balance on hand ..... \$5234.00

Respectfully submitted,  
A. LEON HECK, *Treasurer*

## 4—Report of the Councilors

The Councilors of the Society have had no formal meetings during the year. We have, however, met with the President, and other officers, on several occasions to discuss matters coming before the last Legislature.

A report of these meetings will be made by the President, and others.

Respectfully submitted,  
ROGER MURRAY, *Councilor*

## 5—Report of the Committee on Scientific Work

The Scientific Committee has prepared a program for the Annual Session to be held October 7th and 8th, in Wilmington. A copy of this program is printed in this issue of THE JOURNAL.

We feel that the program is an excellent one, and we would like to call upon the members of the Society to plan to spend these two days in Wilmington so that we may have a good meeting and that our attendance may do justice to the caliber of our speakers.

Respectfully submitted,  
C. LEITH MUNSON, *Chairman*

## 6—Report of the Committee on Public Policy and Legislation

We herewith submit our report for the year 1941.

The bills which the Society was especially interested in during the last session of Legislature were:

S. B. 13, premarital examination; S. B. 14, settlement of personal estates; S. B. 15, liens for money owing physicians, nurses, and hospitals; S. B. 144, changes in the personnel of the State Board of Health; S. B. 146, eradication of the weed Indian hemp; S. B. 150, obscene literature (providing the introducer of the bill will accept an amendment exempting literature and pictures necessary in birth control); S. B. 196, providing for the care of the indigent sick in Sussex County; S. B. 340, an act to put an osteopath on the State Board of Health.

We were not successful in any of these except H. B. 340. We were able to block this one.

By the authority given at the last yearly meeting we had two representatives attend the Legislature at all times, namely: Mr. Leon Stine and Mr. Fred Reybold. These two, with our president, Dr. Mayerberg, and Dr. Joseph McDaniel, a member of the Legislative Committee, made strenuous efforts to accomplish what was deemed to be to the best interest of the members of the Society and the public of his state.

Conditions were such that it became impossible to get the necessary cooperation to put over the legislation advocated by the Society as a whole. With proper preliminary work it may be possible to accomplish something at the next session.

There has been nothing beyond these bills to come before this Committee.

Respectfully submitted,  
WILLIAM H. SPEER, *Chairman*



## 7—Report of the Committee on Publication

As heretofore, we transmit the report of the committee in two parts: (1) that of the Editor; and (2) that of the Business Manager.

### Report of the Editor

We are now in the middle of Volume XIII of the New Series. The amount of material published about equals that of previous years, and its quality equals that of other volumes. As judged by the requests for reprints or whole issues or exchanges, our JOURNAL is being read more widely than might be surmised from its mere size.

For the past several years the amount of material derived from our Annual Sessions has been considerably less than that required to maintain THE JOURNAL. Contributions from our members, from county society meetings, and from without the state have sufficed, in the main, to bring our issues up to our average contract number of pages. However, we have been obliged, in too many instances, to print miscellaneous material that has much less value to us than the scientific material. Hence, once again, we ask our members to write more scientific papers for THE JOURNAL, a task that will well repay one for the time and energy consumed in the preparation. More especially, we would like to have short papers reporting interesting or unusual cases, which do not require an exhaustive review of the literature.

Once again, we take this occasion to thank our printers, the Star Publishing Company, for their continued efforts and courtesies; the familiarity their personnel now has with this work relieves the Editor of many petty details and annoyances.

To our members we extend our thanks for their continued cooperation during this, the twenty-sixth year of our service.

Respectfully submitted,

W. EDWIN BIRD, *Editor*

### Report of the Business Manager

(Sept. 9, 1940 to August 1, 1941)

Savings Account, Wil. Trust Co., Sept. 9, 1940..... \$5,494.51  
Checking Account, Wil. Trust Co., Sept. 9, 1940..... 113.29

Total ..... \$5,607.80

#### RECEIPTS

(During the year August 1, 1941)

	1941	As compared with 1940
Advertisements .....	\$2,791.07	\$2,821.93
Bonus on Ads. from A.M.A. ....	263.77	269.19
Subscriptions, Medical Soc. members:		
1939 and 1940 dues .....	312.00	(Not rec'd in 1940 due to illness of Treas.)
1941 dues .....	* 172.00	
Subscriptions, others .....	18.00	22.00
Single copy sales .....	4.00	17.65
Sale of "History of Medical Society of Delaware" .....	3.00	94.25
Reimbursement of postage .....	.50	
Total Receipts .....	\$3,564.34	\$3,225.02

#### DISBURSEMENTS

(During the year ending August 1, 1941)

	1941	As compared with 1940
Printing and mailing Journal....	\$2,120.10	\$2,218.35
Postage .....	15.34	11.05
Salary of Editor .....	845.00	750.00
Salary of Stenographer .....	165.00	162.00
Notary Fees .....	1.50	.50
Binding Journals .....	6.00	6.00
Copyrighting Journals .....	22.00	22.00
Stationery and Stamped Envelopes .....	58.19	60.94
Telegrams and Telephone .....	3.15	1.45
Filing Cabinet .....		21.04
Printing and binding "History of Medical Society of Dela- ware" as authorized by the Society .....		800.00
Total Disbursements .....	\$3,236.28	\$4,053.33

Operating Balance (1941) .....	\$ 328.06	Deficit of \$828.31 in 1940
Interest on Savings Acct. (1941) .....	54.94	116.63
Total .....	\$ 383.00	\$ 711.68 (Deficit)

TOTAL, August 1, 1941 ..... \$5,990.80

Savings Account, Wil. Trust Co. Aug. 1, 1941 ..... \$5,549.45  
Checking Account, Wil. Trust Co. Aug. 1, 1941 ..... 441.35

TOTAL, August 1, 1941 ..... \$5,990.80

(Still due from ads, approximately \$270.00)

\*Receipts from the Society members is only \$172 during the year, as the subscription price to members was \$1.00 instead of \$2.00 as heretofore.

In submitting this report to the House of Delegates, may I state that it has been more than a serious task to keep our old advertisers and obtain new advertising clients. We are very grateful to all who have assisted us in maintaining our former motto, to live within our budget and attempt to increase our savings account. Unfortunately, this past year we have not been able to add to our savings account, because of the fact that we received very little from the Society, as the amount we receive from members' subscriptions has been reduced from \$2.00 to \$1.00 per member, for the year 1941.

As stated in last year's report, it was a task to save anything from our income last year, as the Society authorized the Business Manager to pay \$800.00 for printing and binding "The History of the Medical Society of Delaware," with the hope that we could get most of this expenditure back from the sale of copies of the book, but so far we have received only \$97.25, \$94.25 last year, and \$3.00 this year.

This year, too, the report is presented earlier than usual, and we have not had the opportunity to collect for any advertisements for July and August issues.

However, with all these difficulties we have been able to maintain our status quo during the year.

Again I wish to emphasize the fact that we have been requested by the Central Medical Advertising Bureau to encourage our readers to fill in and return coupons appearing in advertisements, which will be appreciated, and which will pay us good dividends.

Respectfully submitted,

M. A. TARUMIANZ, *Business Manager*

## 8—Report of the Committee on Medical Education

Your Committee on Medical Education has no report to make at this time.

DOUGLAS T. DAVIDSON, *Chairman*

## 9—Report of the Committee on Hospitals

The following is the Hospital Committee's report:

The general condition of the hospitals of the state is good. Most of them are operating at near bed capacity. Autopsies are being secured in a high percentage of cases. There is an increased demand for clinic space, and new clinics are being established.

It was the privilege of this Committee to visit the new Delaware Hospital. This is undoubtedly one of the finest institutions in the country. To really appreciate it, one must tour it, as did our Committee. All departments are ideally planned, the new operating rooms are air conditioned and have quartz lamp sterilization. The children's

ward is excellent in size, arrangement and equipment.

The Wilmington General Hospital had two vacant beds the day this Committee visited it. More hospital space is planned. The Maternity Department has had 100 more admissions so far this year than last year.

The Memorial Hospitals Clinics are operating to capacity. Its cancer and tumor follow-up clinics are excellent. There is a total of 45 beds in the Children's Department. The daily average census is seventeen.

The St. Francis Hospital has built a new Nurses' Home, added a new Metabolic and Peripheral Vascular Disease Clinic, purchased a new electrocardiograph and reorganized the Department of Cardiology.

The Kent General Hospital has built a new section, giving an additional 8 bed capacity.

The Beebe Hospital is serving its community well, its new building caring for an additional number of patients.

The Milford Memorial Hospital hopes to build a new Nurses' Home in the not too distant future.

There is a need for a contagious disease unit or hospital in lower Delaware, to handle cases of contagion in Kent and Sussex Counties.

The committee regrets it was unable to visit the remaining institutions, due to lack of time.

The committee offers the following resolution:

*Whereas*, The American Medical Association, the American College of Surgeons, and the American Hospital Association, through their representatives, inspect and observe the professional standards of all hospitals; and

*Whereas*, the Board of Trustees and Superintendents of each Hospital know its limitations, its needs for space and equipment, and its financial ability to meet these needs; and

*Whereas*, it is felt by this Committee that it is superfluous and that its usefulness has been served; and that there is no need for such a committee to serve in the future;

*Therefore*: Be it resolved that this Committee on Hospitals be abolished.

Respectfully submitted,

JOHN B. BAKER, *Chairman*

#### 10—Report of the Committee on Necrology

Your Committee reports that since our last Annual Session there have been three deaths among our members, two of them belonging to our component Society in New Castle County, and the third belonging to the Sussex County Society. These are:

THOMAS D. COOKE, Philadelphia, December 21, 1940.

SAMUEL A. BONAFFON, Wilmington, December 28, 1940.

WILLIAM F. NEIDE, Seaford, April 13, 1940.

Suitable Resolutions in Memoriam have been spread upon the minutes of their respective societies, and obituaries have been published in THE JOURNAL.

Respectfully submitted,

ROLAND G. PAYNTER, *Chairman*.

#### 11—Report of the Advisory Committee Woman's Auxiliary

Last fall the chairman of the Committee and Dr. E. R. Mayerberg were present at their meeting at the Academy of Medicine. Your chairman introduced Dr. Mayerberg as President of the Medical Society of Delaware, and he, as well as

myself, in behalf of the Medical Society of Delaware, welcomed them and offered any assistance possible.

Their President, after thanking us, assured us that their Auxiliary was well organized and cooperative, and would always welcome any advice which our Society had to offer.

Respectfully submitted,

RAYMOND A. LYNCH, *Chairman*

#### 12—Report of the Committee on Cancer

In 1929 a survey of the cancer control situation in Delaware was made by Dr. J. W. Cox, of the American Society for Control of Cancer. His report called attention to several notable deficiencies in the state's facilities. Among the most important were these: (1) The lack of physical equipment for x-ray and radium therapy. (2) The lack of trained personnel for the administration of such therapy. (3) The fact that no trained pathologist was available for diagnosis. (4) The fact that no cancer clinic was available for the ambulatory cancer patient. (5) The absence of any follow-up system to evaluate the result of treatment given. (6) The lack of systematic records or statistics as to the results of treatment. (7) The absence of any group study of the more difficult cancer problems.

A brief review of the present situation shows that all these deficiencies have been made up. Several hospitals in Wilmington have radium, x-ray therapy equipment, or both, with the requisite trained personnel, both medical and technical. Two pathologists are available; all the Wilmington hospitals and several of those in the other counties have equipment for operating room diagnosis of suspected tissue by the frozen section technique. A cancer clinic approved by the American College of Surgeons has been in operation for several years. Diagnostic clinics have been held at regular intervals at the Beebe Hospital, Kent General Hospital, Milford Memorial Hospital and State Welfare Home, in addition to the facilities provided at the Wilmington hospitals. The group study of clinical cases has been carried out at these various clinics. Most patients treated for cancer have been followed and their response to treatment recorded.

The educational campaign of the American Society for the Control of Cancer, Delaware Chapter, has been continued this year. In previous years the commonest cause for the cancer sufferer's delay in obtaining treatment has been ignorance and fear. This educational campaign, directed primarily to the layman, has been helpful in combatting ignorance and dispelling fear. Furthermore, this year's campaign has included a series of lectures to high school children, hoping to give them correct information before the fallacies and fears associated with the word cancer have taken root in their minds. In general, these audiences have proved very attentive and have asked serious and intelligent questions.

This Society, with the approval of the New Castle County Medical Society, has obtained the sound film "Choose to Live," which dramatically presents the story of a woman cured of cancer. This film has been shown to audiences throughout the state.

During the past year also this Society has assisted financially indigent cancer patients from funds collected during its annual campaign. This assistance has not been designed to pay for their treatment, but has been in cooperation with local agencies outside of Wilmington who referred cancer patients to Wilmington for treatment. The

Wilmington hospitals have accepted these indigent patients for treatment and the Society has reimbursed local agencies for expenses incurred in transporting or maintaining in Wilmington such patients.

An especial effort has been made by this Society to reach individuals who do not ordinarily have much medical contact. Hence 14,000 pieces of literature were distributed, 6,000 in industrial plants. Seven colored audiences, totalling 1,000 people, were addressed out of 6,000 who heard lectures on cancer during the last year.

The Committee believes that certain future objectives are desirable. First of all, since early diagnosis is essential for successful treatment of cancer, it behooves every physician to be on the alert. Most accessible cancers are easily diagnosed provided an adequate examination is made. The layman is beginning to expect thorough examination, and this applies particularly to the uterus and female breast, both easily accessible, where in the past failures of diagnosis often were due to the physician.

A second objective is the full use of our present treatment facilities with addition to and improvement of these facilities as the need arises. Finally, a closer cooperation between the physician, local welfare agencies, hospitals and the Cancer Control Society is desirable to provide proper care for the indigent cancer patient.

Respectfully submitted,

JOHN F. HYNES, *Chairman*

### 13—Report of the Committee on Syphilis

The work of venereal disease control has continued in much the same manner as in the previous years. Practitioners, the Wilmington hospital clinics and the State Board of Health clinics are continuing their good work.

The total number of cases of syphilis reported has decreased somewhat, even counting those picked up by the Selective Service examinations. This is largely due to the wearing off of the novelty of clinics in new areas and to the emphasis in epidemiologic work and follow-up of clinic cases being placed on those considered as most likely to be infectious. The only reasonably accurate figures on this are from the State Board of Health clinics and the Wilmington hospital clinics. As shown by the following table, reports from other sources are entirely unreliable.

TABLE I

(Cases of Venereal Disease Reported to the U. S. P. H. S.)

July 1, 1940-June 30, 1941

Reported by clinics and hospitals

Syphilis	TOTAL							
	White	Colored	Unknown	Total	White	Colored	Unknown	% of Total
Primary and Secondary	3	82	4	89	3	85	36	124 8.0
Early Latent	11	166	0	177	11	167	57	235 15.1
Late & Late Latent	16	155	0	171	16	161	38	215 13.8
Congenital	7	16	1	24	7	16	6	29 1.8
Not Stated	25	116	0	141	25	117	803	944 61.
Total	62	535	5	598	62	543	939	1544
Gonococcus Infection:								
Genito-urinary	56	203	2		57	204	155	416
Ophthalmia								
Neonatorum							6	
Total	56	203	2		57	204	161	416

#### Other Venereal Diseases:

Chancroid	1	1	2	1	1	2
Granuloma Inguinale	3	3	3	3	3	3
Lymphogranuloma	3	3	3	3	3	3

Practically all of the reports of syphilis other than those from clinics were obtained from positive serologic reports on specimens submitted by practicing physicians to the State Board of Health laboratory. Apparently, most physicians consider that a positive serologic report alone is acceptable as a report of a case. This is not true, first because several specimens, all of which may be positive, are frequently received on the same patient, who may thus be reported several times—it being impractical to check the files for duplication. Secondly, adequate information for checking is seldom furnished. It will be noted that in 1940, or 61% of the total cases reported, the stage of the disease was not stated, that in 803 the race was not given. 803 of the 944 unclassified cases and 802 of the 803 failing to state the race were based on positive serologic reports on specimens sent by private practitioners.

The Selective Service medical boards have uncovered a large number of cases of syphilis and gonorrhea in young males. Up to July 30th, a total of 6074 specimens of blood had been examined by the State Board of Health laboratory. Of these, 400 were positive, and it is estimated that 40% of these were already under treatment. The State Board of Health is contacting and investigating all individuals with positive serology or reported as having other venereal disease and seeing that they are placed under treatment by their own physician where possible, or by clinics if they cannot afford private treatment.

TABLE II  
White Colored Total

Age Group	White			Colored			Total		
	No.	Exam.	% pos.	No.	Exam.	% pos.	No.	Exam.	% pos.
21-35	1116	6	0.5	205	29	14.1	1371	35	2.5
26-30	564	13	2.3	125	33	26.4	689	46	6.67
31-35	344	13	3.8	68	37	54.4	412	50	12.1
Total	2074	32	1.5	398	99	24.9	2472	131	5.2

During the fiscal year the State Board of Health laboratory performed 46,444 serologic tests for syphilis on 25,958 specimens of blood submitted, and made 713 spinal fluid and 44 dark-field examinations. A total of 3499 slides were examined for gonorrhea.

The following quantities of arsenical drugs for the treatment of syphilis were distributed by the State Board of Health during the fiscal year:

	To hospitals & Clinics Gram	To private practitioners Gram	Total Grams
Neoparsphenamine	8204.4	450.	8654.4
Sulfarsphenamine	66.	16.5	92.5
Tryparsamide	216.		216.
Neoparsen	215.1	8.7	223.8

The number of clinics conducted by the State Board of Health remains the same as last year, 10, having a total of 16 sessions per week, as does the number conducted by the Wilmington hospital clinics.

#### Recommendations:

1. That a venereal disease clinic be established at Lewes, preferably by private rather than by state enterprise, because of the increasing military personnel at Fort



Miles with an accompanying increase in the floating and semi-permanent population in that area. Soldiers practically always contract their venereal disease outside the reservation.

2. That practicing physicians take a more active part in securing the examination and treatment of sources of infection and contacts of cases being treated privately, securing the assistance of the State Board of Health when required.

3. That the State Board of Health provide all practicing physicians with a supply of the reporting forms now available and that these be used, cases being reported by initial or number where desired.

4. That the State Board of Health furnish all practicing physicians with information regarding the services it now provides and that physicians make full use of these services.

Respectfully submitted,  
NEWELL S. WASHBURN, *Chairman.*

#### 14—Report of the Committee on Tuberculosis

The Committee on Tuberculosis notes the slow decline in the occurrence of this disease in Delaware, paralleling in general the conditions in the country at large.

Here, as elsewhere, tuberculosis is mainly a disease treated in public institutions, and this report must be of necessity a compend of the activities of the state hospitals for the tuberculous. Statistical details can be found in Vol. 34 of "The Health of Delaware." It is extremely gratifying to note the completion of enlarged and modern facilities for the care of the negro tuberculosis patients in Delaware; although it is very regrettable that the Legislature could not appropriate sufficient funds to permit its operation at capacity. It is to be hoped that the Board of Health will find ways to correct a deficiency which now seems insurmountable.

Treatment of tuberculosis in Delaware is progressive and in keeping with developments and trends elsewhere. Surgery is used with discrimination, for it is recognized clearly for what it is—a means of enforcing rest upon a diseased lung.

Your chairman urges that some effort be made to impress upon the Legislature of 1943 the absolute necessity of giving adequate support to the Sanatorium—especially the negro division.

Respectfully submitted,  
STANLEY WORDEN, *Chairman*

#### 15—Report of the Committee on Maternal and Infant Mortality

It is with regret that the members of the Committee report that the encouraging decrease in both maternal and infant mortality of 1939 has not been repeated in 1940.

For the calendar year 1940, the maternal mortality rate for the state as a whole was 5.5 deaths per one thousand live births, as compared with 4.7 for 1939. This is weighted heavily by deaths in the colored groups in all counties and in Wilmington. The rate for the white population of the state as a whole is 4.2 per one thousand live births, as compared with 12.3 for the colored population.

The most favorable rate (2.8) is for the white population of New Castle County including Wilmington. This rate reflects the excellent facilities for maternal care in this area. This rate is

comparable to the rates in other areas of the United States where maternal care is of a high quality.

The maternal mortality rates for Kent and Sussex counties are higher, the rates for Sussex County being the highest 8.3 for the white population and 15.07 for the colored. The physicians of Sussex County are keenly aware of the particularly unfavorable economic conditions that these rates reflect and they are putting forth increasing efforts to improve maternal care in that area.

For 1940 the death rate of infants under one year for the state as a whole was 49.8 per one thousand live births, as compared to 44.3 for 1939. The rate for the white population was 42.1, as compared to 90.0 for the colored. And, as in the maternal mortality rate, Kent and Sussex County contribute a higher proportion, 62.2 and 68.4 respectively for the total population, as compared with 41.4 per one thousand live births for New Castle County including Wilmington. It is of interest that the highest infant mortality rate for the white population is in Sussex County, 60.9, whereas the highest rate for the colored population is in Kent County, 108.2.

These rates do not include the stillbirths, which increase the pregnancy wastage by about one-half for the state as a whole.

Only an intensive program of care, prenatally, at delivery, and during the post-partum and neonatal period can reduce these mortality rates.

The State Board of Health should be asked to cooperate more fully with the doctors of Delaware in helping to educate the public to the need of prenatal care and to provide prenatal clinics for the medically indigent patients, so that doctors will be able to care for a larger number of these patients without devoting too great a proportion of their time to this work. Lay groups should be interested in providing maternity funds to pay adjusted delivery fees for these patients, so that the entire burden of this group does not fall upon the doctor. The doctors should be interested in providing the same high grade of delivery service for the indigent patients they accept as they provide for their regular clientele.

It is only by such cooperative efforts that this really grave problem can be solved.

Respectfully submitted,  
PAUL R. SMITH, *Chairman.*

#### 16—Report of the Committee on Mental Health

The state-wide system of mental hygiene and its correlation with other welfare units has continued to function effectively. Persons in the state who are in need of assistance have available an efficient system of varying aids so that there should be a minimum of avoidable sickness, suffering, and unhappiness due to this source.

The June issue of THE JOURNAL gave an excellent article describing work in the field of mental hygiene, as carried on in the classroom. Col. H. E. Bullis, who has had charge of this investigation, reports excellent results, not only in the students, but also in the faculty members and others interested in this work. The work presents live, everyday problems which require the exercising of thought and judgment to arrive at logical conclusions. Newspaper accounts of current events, political problems, plays, stories and movies are reviewed by the group, and individual members are asked, often in the midst of a story or film, "if you were in this person's place, what would you do?" or "what should he (or she) have

done?" Interesting problems are presented showing the adjustment and often maladjustment, of individuals in everyday life which tends to lead students toward thinking along practical, concrete lines to better prepare themselves for the economic, industrial, social and related problems which they may meet in later life.

Comment has been made from time to time upon the fact that, owing to Delaware being a small state, all psychiatric authority rests in one organization. Due to the peculiarity of psychiatric work as well as the variance and divergence of personal views, there is always danger that the patient or relatives will feel that an injustice is done when the patient is held against his will, as must necessarily be the case in most psychiatric work. New York has probably the best safeguard in this respect, whereby every patient admitted to any mental institution is seen shortly after his admission by a medical commission, unrelated to the hospital and purely neutral in every way. The patient is examined and given an opportunity to state his story when he is detained in a mental hospital against his will. From time to time during the period of his or her hospitalization the patient may request and obtain a review of his case.

The state school at Stockley, for mental defectives and epileptics, has been given considerable thought by the members of the Committee. This institution is growing rapidly and the difficult problems which it presents are fast outgrowing the control of lay management. The treatment, training and control of mental defectives, epileptics, delinquents and the psychotics is a highly specialized subject today, and it is strongly urged by the Committee that legislation be enacted to appoint as superintendent of this state school at Stockley a physician who meets the requirements as outlined by the American Association on Mental Deficiency. It is imperative today that state institutions be staffed with capable, trained personnel, using modern methods of training and therapy which are above criticism to obtain and hold the confidence of the public as well as the medical and legal professions.

KENNETH M. CORRIN, *Chairman*

### 17—Report of the Committee on Criminologic Institutes

Your Committee feels, as in previous years, that there should be a closer cooperation between the Bar Association and the Medical Society, with joint meetings in order that a better understanding may be created for prevention of delinquency and crime in this state, particularly during the existing national and international crisis.

As the Committee has repeated previously, anti-social behavior in children should be considered more seriously and adequate steps should be taken to prevent this type of maladjustment. The Committee feels that the medical profession is best equipped to recognize these abnormal situations and to take proper steps to correct them.

The Committee also feels that this state is very fortunate to have very sympathetic and humanely inclined judiciaries with whose cooperation a great deal of preventive work can be accomplished. The Committee is also of the opinion that with the help of the Delaware State Society for Mental Hygiene and the educators of the state, a very good preventive program can be created.

The Committee recommends that the House of

Delegates pass an adequate resolution for such cooperation and send a copy of the same to the Delaware Bar Association, Delaware State Society for Mental Hygiene, the University of Delaware, the State and City Boards of Education.

Respectfully submitted,

J. ROSCOE ELLIOTT, *Chairman*.

### 18—Report of the Committee on Medical Economics

Since our last report this Committee has had relatively little activity. We are continuing the study of medical expense indemnity insurance and collecting data on this matter. However, we are not yet prepared to recommend that this Society, or any of its component county societies, should officially sponsor or conduct any such proposal. This should await more actuarial experience on the part of those societies and corporations which are now trying it out.

As to specific plans for rendering medical care to the lower income groups, the experience in the District of Columbia and in Wisconsin and other states has seemed to indicate that this part of the public is not particularly interested in such plans as have been put into operation. This may mean that they are content with their present medical care via the various clinics, or the reduced fee or gratuitous services of practitioners; or it may mean that times are so out of joint that their interests are centered on other matters. In either event, the demand for special plans and arrangements for this group has been only a fraction of what was estimated by both the physicians and the government. So far as Delaware is concerned, every patient can secure adequate medical care under our present system, and until sufficient reason arises it is the part of prudence to make no changes.

Respectfully submitted,

W. EDWIN BIRD, *Chairman*

### 19—Report of Delegate to the American Medical Association

When Dr. L. L. Fitchett, our regular delegate, found that the convention in Cleveland conflicted with the time he had planned to move his office and residence, arrangements were completed for me to represent our Society as alternate delegate.

The House of Delegates convened in the Euclid Ball Room of the Hotel Statler, and was called to order at 10:00 a. m. on Monday, June 2, by the Speaker, Dr. H. H. Shoulders, of Nashville.

Dr. James Ewing, of New York, was elected by the House to receive the Distinguished Service Award of the American Medical Association.

Dr. Shoulders, the Speaker, in his address mentioned a few familiar qualities which must continue to characterize our membership: integrity, courage, wisdom, tolerance, ability, vision.

Dr. Nathan B. Van Etten, of New York, the President in his address emphasized the value of post-graduate education. He again urged that a national Department of Health be created, under a director of cabinet rank to coordinate and direct all the various health activities of the government not concerned with the care of the armed forces.

Dr. Frank H. Lahey, of Boston, the President-elect, in his address spoke of the necessity of se-

lecting young men as representatives in the House of Delegates of the American Medical Association and as members of various important committees of the House of Delegates. Concerning this matter, the Reference Committee on Reports of Officers suggested that constituent associations might send younger members to the annual session of the House of Delegates as observers.

The Committee on Medical Preparedness had this to say, in part, in the conclusion of its report: "The Committee desires especially to commend the state chairmen of the Committee on Medical Preparedness for their invaluable service in promoting the national survey of physicians and for the splendid work they have done in connection with other matters. State and county committees on medical preparedness have made fine contributions toward the accomplishment of the medical preparedness program of the American Medical Association."

The name of the "Section on Pharmacology and Therapeutics" was changed to the "Section on Experimental Medicine and Therapeutics."

A resolution requesting the creation of a section on "General Practice" was given favorable consideration. An experimental "session" in the Section on Miscellaneous Topics is to be tested out next year.

The annual session to be held in Atlantic City in 1942 is to be developed as a Pan-American gathering. Representatives from all South and Central American countries, Mexico, Cuba, Puerto Rico and Canada are to be invited to attend and participate in the program of the Scientific Assembly.

It was unanimously decided to appeal the judgment, based on the verdict of guilty, against the American Medical Association et al., District Court of the United States for the District of Columbia, number 63221.

There are about eight thousand women physicians in the United States. A resolution was presented requesting that they be made eligible for membership in the Medical Reserve Corps. For many reasons which I shall not take time to enumerate, the resolution was rejected.

The Reference Committee on Miscellaneous Business regretted that it could not recommend for approval a resolution suggesting a certification board for general practitioners. In its report the committee asked, "What can empty honors mean to him (the general practitioner) or a certification which means little and achieves less? After all, is not a good general practitioner the grandest thing in the world of medicine, anyway?"

Officers elected for the ensuing year were as follows:

President-elect, Fred W. Rankin, Lexington, Kentucky; Vice-President, Charles A. Dukes, Oakland, California; Secretary, Olin West, Chicago, Illinois; Treasurer, Herman L. Kretschmer, Chicago, Illinois; Speaker of the House of Delegates, H. H. Shoulders, Nashville, Tennessee; Vice Speaker of the House of Delegates, R. W. Fouts, Omaha, Nebraska.

St. Louis was chosen as the city in which to hold the 1944 annual session of the American Medical Association.

In conclusion, I wish to thank you for the privilege I again had of serving as your delegate.

Respectfully submitted,

CHARLES E. WAGNER, *Alternate Delegate*

## 20—Report of the Representative to the Delaware Academy of Medicine

The Scientific Committee of the Academy presented a series of three lectures for 1940-1941:

November 8, 1940—Dr. Philip S. Hench, of the Mayo Clinic, spoke on "Arthritis."

April 21, 1941—Colonel Ralph G. DeVoe, Corps Surgeon, 2nd Army Corps, spoke on "Military Medicine in an Army Corps."

May 16, 1941—Dr. Francis C. Grant, of the Graduate School of Medicine of the University of Pennsylvania, spoke on "Trifacial Neuralgia."

The following officers were elected at the annual meeting, January 28, 1941, and took office April 1st:

President—W. H. Kraemer.

1st Vice-President—E. R. Miller.

2nd Vice-President, G. W. K. Forrest.

Secretary—D. T. Davidson, Sr.

Treasurer—N. L. Cutler.

Mrs. Ava Taylor Watson, Librarian of the Academy since the beginning of the library in 1933, died suddenly on February 14, 1941. The position was filled temporarily by Mrs. Edward Mendinhal. The new librarian, Miss Anne Wigglesworth, formerly of the library staff of the Pennsylvania State College, began her work at the Academy June 1st.

The Library has received substantial gifts of books from the libraries of the following deceased physicians: Doctors Mullin, Veasey and Dwight. Large gifts of books have also been received from Mrs. Charles L. Reese, Dr. J. Richard Durham, Jr. and Dr. Louis Schinfeld. Many files of periodicals have been donated by members of the Academy.

The Library now receives regularly 150 periodicals by subscription, gift, and exchange. Foreign periodicals are now coming through quite regularly.

The Library has been used by seventy-five members, by the various technical libraries in the vicinity, by the News-Journal Company, the University of Delaware, hospital libraries, interns, medical students, chemists, and members of the Army Medical Corps stationed in this area.

The Academy now has 152 members: 132 physicians and 20 dentists.

Respectfully submitted,

WILLIAM O. LA MOTTE, *Representative*

## 21—Report of the Nominating Committee

For First Vice President—Richard C. Beebe, Lewes.

For Second Vice President—Paul R. Smith, Wilmington.

For Treasurer—A. Leon Heck, Wilmington.

For Councilor—F. A. Hemsath, Wilmington.

For A. M. A. Delegate—M. A. Tarumianz, Farnhurst.

For Alternate Delegate—C. J. Prickett, Smyrna.

Committee on Scientific Work—C. Leith Munson, Wilmington; I. W. Mayerberg, Dover; E. L. Stambaugh, Lewes.

Committee on Public Policy and Legislation—J. S. McDaniel, Dover; J. D. Mills, Middletown; A. C. Smoot, Georgetown.



Committee on Publication—W. E. Bird, Wilmington; M. A. Tarumianz, Farnhurst; C. L. Munson, Wilmington.

Committee on Medical Education—Roger Murray, Wilmington; Henry Wilson, Dover; O. V. James, Milford.

Committee on Hospitals—A. R. Shands, Wilmington; A. V. Gilliland, Smyrna; James Beebe, Lewes.

Committee on Necrology—W. O. LaMotte, Wilmington; U. W. Hocker, Lewes; I. J. MacCollum, Wyoming.

Ten names recommended to the Governor for appointment to State Board of Medical Examiners: J. S. McDaniel, William Marshall, Jr., W. E. Bird, W. T. Chipman, P. R. Smith, C. H. Davis, J. R. Elliott, O. V. James, L. J. Jones, A. R. Shands.

Respectfully submitted,

LAWRENCE J. JONES  
CECIL J. PRICKETT  
J. ROSCOE ELLIOTT

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#### THE NEW DISEASE

*(Concluded from page 187)*

consider carrying the "four freedoms" to all the people in the world. But it is essential that we maintain our own independence and freedom of action, "for what shall it profit a man if he shall gain the whole world and lose his own soul?" It is our task now to "hold fast that which is good."

Tomorrow will come the peace. While we unselfishly and unlimitedly serve, we should make sure that the stifling control of bureaucracy is not permanently established. We should take steps to insure the preservation of the sacred doctor-and-patient relationship, the independence of the physicians, the continued progress of American medicine, and the safeguarding of the public interest.

Medicine's planning and administrative agency in these fields is the National Physicians' Committee for the Extension of Medical Service, Pittsfield Building, Chicago, Ill. It has demonstrated both its reliability and its effectiveness. In these times of increasing stress it should have the allegiance and financial support of every patriotic practicing physician.

#### Annual Conference on Industrial Health

Under the auspices of the American Association of Industrial Physicians and Surgeons the American Conference on Industrial Health will hold its Second Annual Meeting on November 5 and 6, 1941, at Chicago Towers, Chicago, Illinois. This organization maintains a public forum for all who are interested in the prevention of disease, injury and disability in industry, and the active supervision and promotion of health in industrial groups.

The opening session will be a symposium on the technical problems of industrial health on the basis that health supervision in industry involves two great principles: (1) the adjustment of the working environment to the employee; and (2) the adjustment of the employee to the working environment, including also the human environment. The technical problems are the result of the application of these principles, and run the whole gamut of public health as applied to industry.

The afternoon session will be a symposium on the economics of industrial health, including: (1) organization and cost of a health service, and (2) discussion on the value of industrial health service to the employer, the employee, and the public.

The morning of the second day will be given over to a symposium on the social implications of industrial health, discussing how far an industrial health service should go; are hospital and medical care plans related to industrial health service in any practical way; does legislation play a part in this problem; and the evaluation of labor turnover, spoilage, and lack of trained men, together with the experiences of management and the interests of insurance carriers in the medical and social problems presented.

The sessions will close with a schedule of plant medical department inspections, by special arrangements with local industries.

### Book Review

The Merck Index. Compiled by the publisher. 5th Edition. Pp. 1060. Cloth. Price, \$3.00. Rahway, N. J.: Merck & Company, 1940.

This encyclopedia of chemicals and drugs represents the most extensive compilation of this authoritative reference work that has been undertaken since the first edition appeared in 1889.

The steady progress of chemistry and its allied sciences has produced an unusual array of authentic scientific data on the physical, chemical and medicinal properties, as well as the industrial uses, of chemicals and drugs. In this new 5th edition, comprising nearly twice the number of pages of the previous edition, there will be found 5,900 descriptions of individual substances; 4,500 chemical, clinico-chemical reactions, tests and reagents by the authors' name; formulas for preparation of culture media, fixatives and staining solutions; useful tables; antidotes for poisons; literature references, and other dependable information.

The Merck Index presents several features

to which reference is seldom made in chemical reference works, such as information for the pharmacist, physician, dentist, and veterinarian. For this reason the book should be of inestimable value to research workers who desire to establish prior information on the subject which they are investigating. Because of the outstanding importance of chemistry in industry, the Merck Index will be of service whenever problems are related to chemistry.

### Return Your Information Card for the Directory Promptly

An information card is now being sent from the headquarters office of the American Medical Association to every physician in the United States and Canada. The information secured is to be used in compiling the Seventeenth Edition of the American Medical Directory.

Before filling out the information card, read the instructions carefully. Physicians are especially urged to state whether or not they are on extended active duty for the medical reserve corps of the United States Army and Navy. Fill out the card and return it promptly whether or not a change has occurred in any points on which information is requested. If a change of address occurs before March 1, 1942, report it at once. Should you fail to receive a card before the first of October, write at once to the headquarters office stating that fact and a duplicate card will be mailed.

## *For the local Treatment of Acute Anterior Urethritis*

(DUE TO NEISSERIA GONORRHEAE)

### SILVER PICRATE\*

A complete technique of treatment and literature will be sent upon request

\*Silver Picrate is a definite crystalline compound of silver and picric acid. It is available in the form of crystals and soluble trituration for the preparation of solutions, suppositories, water-soluble jelly, and powder for vaginal insufflation.

### Silver Picrate,

Wyeth, has a convincing record of effectiveness as a local treatment for acute anterior urethritis caused by Neisseria gonorrhoeae.<sup>1</sup> An aqueous solution (0.5 percent) of silver picrate or water-soluble jelly (0.5 percent) are employed in the treatment.

1. Knight, F., and Shelanski, H. A., "Treatment of Acute Anterior Urethritis with Silver Picrate," Am. J. Syph., Gon. & Ven. Dis., 23, 201 (March), 1939.

JOHN WYETH & BROTHER, INCORPORATED, PHILADELPHIA

